

USE THIS FORM AS MASTER AND COMPLETE FOR ALL PARTICIPATING DIRECT ACCTS  
**MAY 1986 DORAL DPC PRODUCT / DISPLAY ORDER FORM**  
 Distributor Promotion Coverage

**DORAL .30¢ Off 1-Pack / #600358**

Please complete and return this form to the ROU by no later than:  
**MAY 10, 1986**

HERB BATTLE  
 MGR's NAME

**REGION ALLOCATION: 420 SKUs**  
**ALLOCATION**  
 (Item #607194)  
**PACKED 5 DISPLAYS / SKU**

COPY

ROU: SEND (✓) \_\_\_\_\_

Do NOT SEND (✓)

CUSTOMER LETTERS TO PARTICIPATING ACCOUNTS

I WILL NEED THE FOLLOWING PRODUCT / DISPLAYS ORDERED TO THE LISTED  
 DIRECT ACCOUNT(S):

VILLAGE SWEET SHOP 085824 6

DIRECT ACCOUNT SIS # No./ SKUS (#607194)

PRODUCT ARRIVAL DATE: 4-22-86 (MGR. FILL IN)

6104-1867

DORAL BRAND STYLES / NUMBER OF CASES NEEDED

1	WILL	ORDER										
FF	FF	FF	FF	FFM	LT	LT	LT	LTM	ULT	U LT	NON-	
12M	Bx	100	MN	100	12M	Bx	100	MN	100	LT	100	FL
	6M	12M	6M	6M		6M	12M	6M	12M	6M	12M	6M

DIRECT ACCOUNT

SIS #

No./ SKUS (#602884) 507194

PRODUCT ARRIVAL DATE: \_\_\_\_\_ (MGR. FILL IN)

DORAL BRAND STYLES / NUMBER OF CASES NEEDED

FF	FF	FF	FF	FFM	LT	LT	LT	LTM	ULT	U LT	NON-	
12M	Bx	100	MN	100	12M	Bx	100	MN	100	LT	100	FL
	6M	12M	6M	6M		6M	12M	6M	12M	6M	12M	6M

MAIL / FAX THIS FORM TO ROU, ATTN: JUDY

51859 6345

## 3HCP18RN1610XX TEMPORARY PAYMENT DETAIL REPORT

04/26/96

ACCOUNT NUMBER: 085824                      VILLAGE SWEETSHOP  
VOUCHER NUMBER: 15307859                  255 RT 6  
DATE WRITTEN: 04/26/96                    MESHOPPEN , PA 18630  
STATUS: PAID  
AMOUNT PAID: 420.00                      SEND CHECK TO: PAYEE

DESCRIPTION	UNITS	AMOUNT
DOR MAR \$7 DFC	60.00	420.00

EXPLANATION: MARCH DORAL DFC / HB / AMM

51859 6346

**MARCH**

**DISTRIBUTOR PROMOTION COVERAGE PAYMENTS**  
**VOUCHER REQUEST FORM**

TO ROU: PLEASE REQUEST PAYMENT FOR THE FOLLOWING ACCOUNT

FROM: HERB BATTLE / 1642  
NAME DIV. AND/OR ASSIGN. #

DATE: 4-17-96

DPC PAYMENT FOR: MARCH DORAL .30¢ OFF 1-PACK / #600096

ACCOUNT SIS # 085824

ACCOUNT NAME: VILLAGE SWEET SHOP

SEND PAYMENT TO (X): X ACCOUNT      MY ATTENTION

**ASSEMBLY / DELIVERY PAYMENT:**

#/DISPLAYS	RATE PER DISPLAY	TOTAL (\$)
<u>60</u>	x \$ <u>7.00</u>	= \$ <u>420.00</u>

**VPR PAYMENT:**

**('DOR MAR PR RED')**

#/PACKS	RATE PER PACK	TOTAL (\$)
<u>    </u>	x \$ <u>.30</u>	= \$ <u>    </u>

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(MASTER FORM)

COMPLETE ONE FORM FOR EACH DIRECT ACCOUNT PAYMENT IS REQUESTED FOR  
MAIL / FAX THIS FORM TO ROU NO LATER THAN APRIL 19TH,  
ATTN: JUDY